

Notice: Under ss. NR 162.09(3), NR 166.12(4), and NR 167.18(4), Wis. Adm. Code, a municipality is required to provide complete information, as requested on this form, to verify that it has met Minority Business Enterprise (MBE), Women Business Enterprise (WBE) and Small Business in Rural Areas (SBRA) goals, if applicable. The Department will not complete a financial assistance agreement unless the municipality submits documentation that it has met goals or made a good faith effort. Failure to provide information requested may result in sanctions described in s. NR 162.09(3)(b), s. NR 166.12(4)(e), or s. NR 167.18(4)(e), Wis. Adm. Code.

Personally identifiable information provided on this form will be used to review MBE/WBE/SBRA participation in a project and may also be made available to requesters as required by Wisconsin Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

☐ Clean Water Fund Program ☐ Safe Drinking Water Loan Program ☐ Land Recycling Loan Program

Project Information

1. Name of Municipality	2. EIF Project Number
3. Name of Authorized Representative	Title of Authorized Representative

Good Faith Effort

- | | |
|---|---|
| 4. Did your municipality utilize MBEs and WBEs (and SBRA's if a federally-funded project) for performance of construction work on this project to the extent feasible? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did your municipality contact at least 5 MBEs and 5 WBEs (and 5 SBRA's if a federally-funded project) when soliciting bids? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Did your municipality assure that your primary contractor solicited and/or utilized MBE/WBE/SBRAs when subcontracting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Did your municipality, your primary engineer, and/or primary contractor divide the total scope of work into smaller tasks and packages to permit maximum utilization of MBE/WBE/SBRAs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did your municipality, your primary engineer, and/or primary contractor establish delivery schedules that enabled MBE/WBE/SBRAs to compete for contracts or subcontracts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Did your municipality, your primary engineer, and/or primary contractor use the disadvantaged business services (obtain lists of certified disadvantaged businesses or request other assistance) of agencies such as the Wisconsin Department of Commerce, Wisconsin Department of Administration, Wisconsin Department of Transportation, or the Small Business Administration? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Were solicited MBE/WBE/SBRAs provided a reasonable amount of time to respond to requests for bids?
Bid Closing Date: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. If requested by an MBE or WBE, did you provide the enterprise a list of individuals and firms in possession of plans, specifications and other relevant project information? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 12. If you answered "No" to any of the questions in numbers 5-12 above, provide justification or an explanation of why you could not answer "Yes" to that question. Attach an additional sheet of paper if extra space is required. | |

Primary Engineer's Certification

As the primary engineer for the municipality and Environmental Improvement Fund project, the engineering firm hereby certifies that:

- the primary engineer reviewed MBE/WBE/SBRA contact information supplied by the construction contractor(s), and
- the primary construction contractor(s) made a good faith effort to utilize MBE/WBE/SBRAs in this project.

Signature of Primary Engineer	Date Signed
Name of Primary Engineer (Print or Type)	Telephone Number ()
Name of Engineering Firm	

Municipal Certification

The municipality hereby certifies that:

- the municipality reviewed the primary engineer's contract award recommendations to assure applicable MBE/WBE/SBRA requirements are met,
- an overall good faith effort was made to utilize MBE/WBE/SBRAs by the municipality, the primary engineer, and/or the primary contractor(s), and
- the municipality met the intent of the applicable administrative code (s. NR 162.09(3), s. NR 166.12(4), or s. NR 167.18(4), Wis. Adm. Code).

Signature of Authorized Representative	Date Signed
Name of Authorized Representative (Print or Type)	Title of Authorized Representative (Print or Type)

Form

Prepared By	E-Mail Address	
Of (Municipality or Firm Name)	Telephone Number ()	Fax Number ()

DNR Use Only

a. Is this form filled out completely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Did the engineer and the authorized representative both sign the form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Are the submitted justifications and explanations acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Are all DBE subcontracts entered into ELOS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Did the municipality meet the goal or make a good faith effort?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. If no, was the municipality informed about sanctions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Was a sanction applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, indicate amount of costs placed at market rate or determined to be ineligible due to sanction \$ _____			
What percent of the subsidy-eligible project costs does this amount represent? _____ %			
h. Did you inform the municipality in writing that a sanction will be applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, date of letter _____ Include in the Project Manager Summary Page (Exhibit F) a detailed description of how the composite interest rate and the sanction amount were determined.			

Project Manager Notes and Comments:	
Project Manager Signature	Date Review Completed